



PATENT

Attorney Docket No. MTI-31470

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Lingyi A. ZHENG
Serial No. : 09/912,041
Filing Date : July 24, 2001
For : Cell Nitride Nucleation on Insulative Layers and Reduced Corner Leakage of Container Capacitors
Group Art Unit: 2812
Examiner : KENNEDY, Jennifer M.
Confirmation No.: 4539

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

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Date: Feb. 23, 2004 Antony J. Tully

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Commissioner for Patents
P.O. Box 1450
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RESPONSE AFTER FINAL

Sir:

Applicant requests consideration of the pending claims in the above-identified patent application based on the remarks herein.

Amendments to the Claims are reflected in the listing of the claims, which begins on *page 2* of this paper.

Remarks begin on *page 21* of this paper.



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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/912,041
	Filing Date	July 24, 2001
	First Named Inventor	Lingyi A. Zheng
	Art Unit	2812
	Examiner Name	Kennedy, Jennifer M.
Total Number of Pages in This Submission	Attorney Docket Number	MTI-31470

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (32 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Whyte Hirschboeck Dudek S.C. Kristine M. Strodthoff, Reg. NO. 34,259
Signature	<i>Kristine M. Strodthoff</i>
Date	February 23, 2004

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Typed or printed name	Antonio J. Ortiz		
Signature	<i>Antonio J. Ortiz</i>	Date	Feb. 23, 2004

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